

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/570,815
Confirmation Number	
Filing Date	with an effective filing date of September 4, 2004
First Named Inventor	Josef BADER
Group Art Unit	3681
Examiner Name	Derek D. Knight Fax: (571) 273-8300
Total No. of Pages in this Submission: 18	Attorney Docket Number ZAHFRI P824US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$940.00 <input checked="" type="checkbox"/> Amendment/Response - 12 pgs. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Reg. for Continued Examination - 1 pg. Postcard
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REMARKS

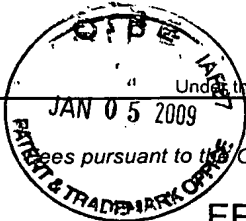
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 30, 2008	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December 30, 2008

Signature		Date: December 30, 2008 ()
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/570,815
with an effective filing date of
September 4, 2004
Josef BADER
Derek D. Knight
3681

Attorney Docket No.

ZAHFRI P824US

TOTAL AMOUNT OF PAYMENT: **\$ 940.00**

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)
\$270/\$135

4. OTHER FEE(S)

Other (e.g., late filing surcharge): Request for Continued Examination **\$810.00**

Petition for One Month Extension of term **\$130.00**

SUBMITTED BY

Signature

Telephone (603) 226-7490

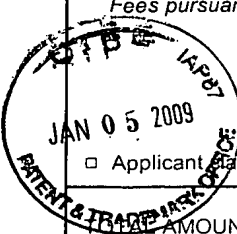
Name
(Print/Type)

Michael J. Bujold

Registration No.
(Atty/Agent) 32,018

Date: December 30, 2008

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FEE TRANSMITTAL For FY 2008

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Complete if Known

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First Named Inventor
Examiner Name
Art Unit

10/570,815
with an effective filing date of
September 4, 2004
Josef BADER
Derek D. Knight
3681

Attorney Docket No.

ZAHFRI P824US

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☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

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☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
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Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims _____ -3 or HP + _____ x $\frac{\text{Fee (\$)}}{\$220/\$110}$ = _____ Fee Paid (\$)

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Total Sheets _____ -100 = _____ Extra Sheets _____ No. of each additional 50 or fraction thereof _____ Fee (\$)
_____ / 50 = _____ (round up to a whole number) x $\frac{\text{Fee (\$)}}{\$270/\$135}$ = _____ Fee Paid (\$)

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Petition for One Month Extension of term \$130.00

SUBMITTED BY

Signature

Telephone (603) 226-7490

Name
(Print/Type)

Michael J. Bujold

Registration No.
(Atty/Agent) 32,018

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